

IDAHO INDUSTRIAL COMMISSION SURETY CLAIMS SITE AUDIT

SURETY PROCEDURES QUESTIONNAIRE

Please complete prior to site visit. Attach additional pages if more space is required for responses.

1. Workers Compensation Law, Rules, and Manuals	Yes	No
Are materials current and maintained regularly?		
Is information readily available?		
Is training provided to all Claims Examiners to summarize and explain any changes to the Workers' Compensation Law and IDAPA Rules each year, and to review pertinent IC and Supreme Court decisions?		

2. Licensing for Third-Party Adjusters	Yes	No
Are all authorized signatories licensed?		
Are all licenses current?		

3. Document Handling	Yes	No
Is all incoming mail date stamped?		
Does the stamp identify the Adjusting Company, Office, and/or individual adjuster?		
Is mail given to each Claims Examiner on the day it is received?		

4. File Maintenance Procedures	Yes	No
Where are open files maintained?	—	—
Where are closed files maintained?	—	—

5. Procedure for Contact with Claimant	Yes	No
---	------------	-----------

Do you contact claimant by telephone within twenty-four hours of receiving the Notice of Injury?		
Do you follow the initial telephone contact with a letter to the claimant?		
Do you contact medical provider(s) upon receipt of a claim?		
Do you contact the employer upon receipt of a claim?		
Do you notify claimant of the acceptance of a Med Only claim		

6. Telephone Calls from Claimants	Yes	No
Are all claimant inquiries handled in-state?		
Do you have a toll-free telephone number to the Idaho in-state office for claimants to use who live outside your calling area?		
If Yes, what is it: _____	-	-
If No, do you accept collect calls from claimants?		

7. Inquiry Handling	Yes	No
Are inquiries responded to in a timely manner?		
Is there a back-up Claims Examiner for each claim?		
If there is a back-up examiner, does that examiner have the authority and the capability of adjusting the claim without waiting for the regular examiner to return to work?		
Does a supervisor verify that telephone calls/inquiries are responded to in a timely manner?		

8. Case Load	Yes	No
What is an Examiner's average case load	-	-
Time Loss _____ Med Only _____	-	-

9. Change-of-Status Notices	Yes	No
Are notices sent out on a timely basis?		
Are notices copied to the Industrial Commission?		
Are notices sent in all instances, i.e.: change of benefit rate, beginning benefits, ending benefits, change of benefit type, denial, reversal of denial, etc.		
10. Benefit Checks	Yes	No
Who authorizes checks? _____	—	—
Who signs checks? _____	—	—
Are checks signed in the local office?		
Are checks mailed from local office?		
What is the time frame from authorization to the actual mailing of the check? _____ days.	—	—
If an out-of-state waiver has been authorized, can Claims Examiner issue and sign emergency checks from local stock?		
If checks are issued on an out-of-state bank, do you have an agreement with an in-state bank to cash checks upon presentation?		
If the claimant has not received a benefit check within a reasonable time period, and you verify that it has not cleared the bank, how many days must elapse before you will re-issue the check? _____		
11. Authorized signatories on surety documents	Yes	No
In the past twelve months, has your office added/lost personnel who are/were authorized to make claims decisions for the subject surety ?		
If 'Yes', was the Commission notified in writing of this change?		
Please attach copies of such notification	-	-

12. Time-Loss Claims	Yes	No
Are requests made to physicians for PPI ratings?		
Are multiple PPI ratings averaged as required?		
13. Medical-Only Claims	Yes	No
Are checks to providers mailed promptly as billed?		
Do you instruct providers to send bills and notes to your local office?		

14. Fatality Claims	Yes	No
Are annual updates sent to Industrial Commission on post-July 1991 fatalities?		

15. Denied Claim Handling	Yes	No
Are denial letters sent to claimant <u>and</u> copied to the Industrial Commission?		
Does your denial letter provide specific reason(s) for the denial?		
If denial is for lack of medical causality, do you always have in hand the supporting medical opinion prior to issuing the denial?		
If the Employer sends the claimant to a designated provider, and the claim is subsequently denied, will you pay for that medical visit?		
Is medical treatment ever denied because the need for that treatment has been apportioned between the work injury and a pre-existing condition?		

16. Reserves	Yes	No
Is the reserve-setting authority of each in-state examiner commensurate with their authority to approve medical and indemnity benefits?		
Do reserves above a certain level require approval by a person outside of Idaho? If Yes: Name & phone:_____		
Have reserves ever been insufficient to pay obligations already due?		

17. Fatality Claims – Describe handling to determine dependents	Yes	No
	–	–

18. Translation Services	Yes	No
Do you have adjusters capable of translating for non-English speaking claimants; or, do you subscribe to a service that will translate for you?		

19. Summaries of Payment	Yes	No
Within 60 days of the termination of disability, do you send in a completed Summary of Payment form even if subrogation, or PPI, is pending?		

20. Medical Fee Review	Yes	No
Does your office employ a medical fee review vendor? If Yes: Name: _____ Address: _____ City/State/Zip: _____ Phone: _____		
Does the local adjuster have authority and capability to override vendor decision where appropriate?		
Medical Fee disputes filed against this surety in the past 12 months: _____ Medical Fee disputes resolved in favor of the provider in same period: _____ _____		

21. Manifestation	Yes	No
Given these facts, where 72.439 (2) is the only issue: <i>Claimant, who has never before had CTS, reports CTS-like symptoms after working for employer for 20 days.</i> Please advise if you would find the following compensable or not:	****	****
Doctor diagnoses CTS after claimant has worked 40 days, and then relates the CTS to claimant's work after 60 days of work.		
Doctor diagnoses CTS and relates it to claimant's work after claimant has worked 40 days.		

Reviewed and completed by:

Printed Name

Surety/Adjuster/Self-Insured Company name

Signature

Date